

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10704995 FILING DATE 20 FEB 2002
APPLICANT(S) *Santa*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1		1		
2			1		1	
3			2		2	
4			2		2	
5			2		2	
6			2		2	
7			2		2	
8			2		1	
9			2		2	
10		1		1		
11			1		1	
12			2		2	
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TOTAL IND.		2	2	2	2	2
TOTAL DEP.		24	24	20	20	20
TOTAL CLAIMS		26	26	22	22	22

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TOTAL IND.		2	2
TOTAL DEP.		2	2
TOTAL CLAIMS		2	2

BEST AVAILABLE COPY